

Cervid Import Risk Assessment

Nebraska Department of Agriculture
Bureau of Animal Industry
P.O. Box 94787
Lincoln, NE 68509-4787
Phone: (402) 471-2351

For office use only:

Approved: Yes ____ No ____

Date: _____

Consignor Information:

Herd Name: _____

Owner Name: _____

Owner Address: _____

Phone: _____

Consignee Information:

Herd Name: _____

Owner Name: _____

Owner Address: _____

Phone: _____

1. Has your herd received cervids in the past **five years** from any of the following:
 - Cervid herds in Colorado or Saskatchewan, or
 - Cervid herds that have received cervids from Colorado or Saskatchewan, or
 - Herds in the United States or other countries that have been determined to be affected or exposed to Chronic Wasting Disease (CWD).

" If yes to any of the above, cervids are **not** eligible to be imported into Nebraska! **STOP!**

2. Has your herd participated for at least 60 **months** in a state/province-approved CWD monitoring program?

" If yes, give the name and phone number of the person in charge of your state/province CWD program.

" If no, cervids are **not** eligible for importation. **STOP!**

3. Purpose of movement. " Breeding " Feeding " Hunting " Sale
4. Complete the enclosed form, "Cervid Herd Additions for the Past Five Years," for all cervids added to your herd in the past five years, except cervids born on your premises.

5. Does your state/province have mandatory or voluntary inventory reporting?

" Mandatory " Voluntary " Neither

6. Complete the enclosed form, "Cervid Death Loss Report." List all losses in the past five years.
7. Complete the enclosed form, "Cervid Inventory of Animals Requesting Shipment to Nebraska."
8. List names, addresses, and telephone numbers of all veterinarians who have done work for your cervid herd in the last five years. Indicate current herd veterinarian.

If additional forms are needed, please copy the forms provided. **Do not** use any other format for reporting the information. Incomplete or illegible forms will be returned and delay the approval process.

The person signing this form guarantees all information is complete and correct to the best of his/her knowledge.

Consignor Signature

Date

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